SEC 1972 (6-

02)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION PRO Washington, D.C. 20549

0076 Expires: May 31, 2005

OMB APPROVAL

MB Number: 3235-

THOMSON FINANCIAL Estimated average

burden

hours per response.. . 1

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix Serial DATE RECEIVED

1294122

	10000
Name of Offering ([] check if this is an amendment and name has	changed, and indicate change.)
Fabrics International, Ltd	
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505	X] <u>Rule 506</u> [] Section 4(6) [] ULOE
Type of Filing: [xx] New Filing [] Amendment	
A. BASIC IDENTIFICATION	
Enter the information requested about the issuer	04032636
Name of Issuer ([] check if this is an amendment and name has o	changed, and indiciate change.)
Fabrics International, Ltd.	·.
Address of Executive Offices (Number and Street, City, State,	, Zip Code) Telephone Number

(Including Area Code) 18245 Gothard Street, Huntington Beach, California 92648

(714) 596-2243

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)

Brief Description of Business

Composite Fabric Manufacturing

Type of Business Organizati [X] corporation [] business trust	[] limited partnership, already formed [] other (please specify): [] limited partnership, to be formed							
	Month Year							
Actual or Estimated Date of	of Incorporation or Organization: [0]5] [0]3] [] Actual [X] Estimated							
Jurisdiction of Incorporation	n or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [][]							

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers. [X] Executive [X] Director [] General and/or Check Box(es) that [X] Promoter [X] Beneficial Managing Owner Officer Apply: Partner Full Name (Last name first, if individual) Tom Kubota Business or Residence Address (Number and Street, City, State, Zip Code) 1280 Bison St., Ste.B9-956, Newport Beach, CA 92660 [x] Director [] General and/or Check Box(es) that [v] Promoter [] Beneficial Owner Officer Managing Apply: Partner Full Name (Last name first, if individual) Rudy LaRusso Business or Residence Address (Number and Street, City, State, Zip Code) 218 Homewood Road, Los Angeles, CA 90049 Check Box(es) that [] Promoter [] Beneficial K 1 Executive [] Director [] General and/or Officer Apply: Owner Managing Partner Full Name (Last name first, if individual) Donald Hellwig Business or Residence Address (Number and Street, City, State, Zip Code) 6266 Mogley AVenue, Los Angeles, CA 90056 [] Promoter K] Beneficial Check Box(es) that [] Executive [] Director [] General and/or Apply: Owner Officer Managing Partner Full Name (Last name first, if individual) Steve Nagamoto Business or Residence Address (Number and Street, City, State, Zip Code) 15 Redcrown, MIssion Viejo, CA 92692 Check Box(es) that [] Promoter [] Beneficial |] Executive [] Director [] General and/or Apply: Owner Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) [] Director [] General and/or Check Box(es) that [] Promoter [] Beneficial [] Executive

Apply		· .			Owne	r	Off	cer			Manag Partne	
Full Na	ame (La	st name	first, if i	ndividua	il)		-	· · ·				
								***************************************	·,,.,,,	,,,,,,		
Busine	ess or Ro	esidence	e Addres	ss (Num	ber and	Street, C	City, Stat	e, Zip Co	ode)			
Check Apply	Box(es) that	[] Pro	moter [] Benefi Owne			ecutive icer	ן ן	Director (] Gener Manag Partne	
Full Na	ame (La	st name	first, if i	ndividua	ıl)					-		
Busine	ess or R	esidenc	e Addres	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)			
***************************************	(Use bla	nk shee	et, or co	py and	use add	litional d	opies of	this sh	eet, as n	ecessar	y.)
THE COLUMN TWO IS NOT	,			E	3. INFOR	MATIO	N ABOU	T OFFE	RING			
	s the iss	uer sold				*			ed investo		s Ye [X	
2. Wh	at is the	minimu				•			ider ULO idual?		\$.	5,000
		100		*	rship of a	•				•••••	Ye X J	es No
directl conne persor the na	y or indi ction with n or age ame of th	rectly, a th sales nt of a b ne broke	ny comr of secul roker or r or dea	mission rities in t dealer ler. If mo	or simila he offeri registere ore than ou may s	r remune ng. If a p d with th five (5) p	eration for person to ne SEC a persons he inforr	r solicita be listed ind/or wit to be liste	l be paid tion of pu d is an as th a state ed are as r that bro	irchasers sociated or state sociated	s in s, list	
Full Na	ame (La	st name	first, if i	ndividua	·							
Busine	ess or Re	esidence	e Addres	ss (Num	ber and	Street, C	City, Stat	e, Zip Co	ode)			ernisk kreiten er tid im er er til blev kreiten er enden er ennem
Name	of Asso	ciated B	roker or	Dealer	_							
(Che [AL]	ck "All [AK]	States [AZ]	" or che [AR]	eck inc [CA]	lividual [CO]	States [CT]) [DE]	[DC]	[FL]	[[GA]] All S	[ID]
[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]

****		-										
			:	·						•		
									i		,	
Full Na	ame (La	st name	first, if i	ndividua	1)							
	*			,								
Busine	ess or Ro	esidence	e Addres	ss (Num	ber and	Street, C	City, State	e, Zip Co	de)			
Name	of Asso	ciated B	roker or	Dealer						·	······································	
							to Solici)	t Purchas	sers	ſ] All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ame (La	st name	first, if i	ndividua	d)	.	, , , , , , , , , , , , , , , , , , , 					y and any to the contribution of the second section of the contribution of the contrib
·	····					***************************************		· ·			······································	
Busine	ess or Ro	esidence	e Addres	ss (Num	ber and	Street, C	City, State	e, Zip Co	de)			
Name	of Asso	ciated B	roker or	Dealer	-	-						
								t Purchas	sers	······································		
(Che	ck "All	States'	" or ch	eck ind	lividual	States)			[] All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(Use bla	nk shee	et, or co	py and	use add	itional c	opies of	this she	et, as ne	ecessar	y.)
**************************************	C. (OFFERI	NG PRIC	CE, NUI	MBER O	F INVES	STORS, I	EXPENS	ES AND	USE OF	PROCE	EDS
1 Ent	ilitaina ana anna anna anna anna anna anna		eneneranananananan			Alternative Control of	en e	s offering		makabata ar menikabata		vogo agraentantsunagon en transcentividad
and th	e total a	mount a	lready s	old. Ent	er "0" if a	answer is	s "none"	or "zero.	it ·			
								ndicate i	n			
	ready ex			is or the	secume	es onere	d for exc	nange				
T	ype of S	Security							Offer	gregate ing Price		nt Already Sold
									\$0		\$	
Ε	quity								\$ <u>5,00</u>	0,000	\$ <u>40</u> ,	000
_	`		-		[]Pr				s -0	_	c	•
									\$ <u>-0</u> \$ -0		- Þ \$	
).	\$ -0		- ў ——	
_	Other (Specify). \$\$						000					

Answer also in Appendix, Column 3, if filing under ULOE.

to the issuer set forth in response to Part C - Question 4.b above.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the		
number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
110110 01 2010.		Aggregate
	Number	Dollar Amount
	Investors	of Purchases
Accredited Investors	3	\$40,000
Non-accredited Investors	-0-	\$
		- \$ \$
Total (for filings under Rule 504 only)		-
Answer also in Appendix, Column 4, if filing under ULOE.	•	
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		·
	•	Dallan Amazumt
T	Type of Security	Dollar Amount Sold
Type of offering		Solu
Rule 505		_\$
Regulation A		_\$
Rule 504		_\$
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Townson Associated Francisco	•	101 050
Transfer Agent's Fees Printing and Engraving Costs	, <u>L</u> X	[] \$ <u>1,250</u>
		\$ 1,250
Legal Fees] \$ <u>27,500</u>
Accounting Fees]\$5,000
Engineering Fees	[]\$
Sales Commissions (specify finders' fees separately)] \$
Other Expenses (identify)		1.5 2.500,000
Total		\$ 535,000
TVIMI		-) 4 222 ; 000
b. Enter the difference between the aggregate offering price given in resp- Question 1 and total expenses furnished in response to Part C - Question difference is the "adjusted gross proceeds to the issuer."		\$ <u>4,465,00</u> 0
5. Indicate below the amount of the adjusted gross proceeds to the issuer proposed to be used for each of the purposes shown. If the amount for ar purpose is not known, furnish an estimate and check the box to the left of estimate. The total of the payments listed must equal the adjusted gross proceeds.	ly the	·

		Paymer	
			X)
	•••••	\$ 250,	000 \$ 160,000
ie	•••••	[] \$	[]
			¥] %¥%% (\$ 3,150,000
g of plant buildings and fa	acilities	[] \$	[] \$
this offering that may be ets or securities of another	used in er issuer	[] \$	[]
dness	•••••	[] \$	[] \$
		[] \$	kd \$ <u>905,000</u>
		[] \$	[] \$
		[]	[]
		\$	\$
	••••		陷 000 \$ 4,215,00 0
i (column totals added)			\$4,465,000
HELENSONERALISTICOCCIONERALISTICOCCIONERALISTICA (CARROLLA CARROLLA CARROLL			
D. FEDE	RAL SIGNATURE		
ollowing signature constitu Commission, upon written	tes an undertaking by the request of its staff, the in	e issuer to fur	nish to the U.S.
	Signature	\wedge	Date
ional, Ltd.			June 7, 2004
	1	or Typo)	
ype)	Title of Signer (Print	or rype)	
	asing and installation of many good plant buildings and fausinesses (including the volthis offering that may be ets or securities of another) D. FEDE If this notice to be signed by this notice to be signed by this offering signature constitutions and the pursuant to paragraph (incomplete to the signed by the signed b	ollowing signature constitutes an undertaking by the commission, upon written request of its staff, the in repursuant to paragraph (b)(2) of Rule 502. Signature	Officers Director Affiliates \$ 250,1 ge

ATTENTION Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)